

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of DeLa

District of _____

Town of Miami

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 171 a.County Registrar No. 683

Local Registrar No. _____

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Julio Aguirre (If child is not yet named, make supplemental report, as directed.)3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth May 23, 1926
Month Day Year8. FATHER
Full name Julio Aguirre
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Ariz.10. Color or race Mex. 11. Age at last birthday 25 (Years)12. Birthplace (city or place) Mexico City
(State or country) Mex.13. Occupation
Nature of industry Mining14. MOTHER
Full maiden name Guadalupe Gomez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona16. Color or race Mex. 17. Age at last birthday 23 (Years)18. Birthplace (city or place) Mexico City
(State or country) Mex.19. Occupation
Nature of industry Housewife20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 4 A. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Byril M. Cronin (Physician or midwife)Address Miami, Ariz.Given name added from a supplemental report _____ Filed July 7, 1926 Le. E. Drown Local Registrar.

Month, day, year

Local Registrar.

Registrar

Filed _____, 19 _____ County Registrar.

115-523-779

N. B. In case of more than one child at a birth, a SEPARATE RETURN MUST BE MADE FOR EACH child, in the order of birth stated.